Overtime & Night Differential Calculator & Certification Form												Activity 0.50 Katrina Admin: AZ 1.00 Katrina Field Ops.	
Employee Name (Last, First):				Hackett, Shawn Hackett, Shawn Pay Period Ending Date: 09/30/17							'	Rita Oil & Haz. N	
Site/Project Name:				Hurricane Harvey Response	VII				g Duto.	00/00/17		Nita Oli & Flaz. I	viat . Co
							_					Rita Field Ops.: C	,5
DAY	DATE	START	END	LUNCH	WORK		R LEAVE	NIGHT DIFFERENTIAL APPROVED IN ADVANCE OF THE ADMINISTRATIVE WORK WEEK OVE	RTIME N	NIGHT DIFFERENTIAL			
SUN MON	09/17/17			0.50					0.00	0.00			
MON TUE	09/18/17 09/19/17			0.50 0.50		8.00 8.00			0.00	0.00	Dinner		
WED	09/19/17			0.50		8.00			0.00	0.00		0.25	
THU FRI		6:25 AM		0.50		8.00			2.00	0.00		0.50	
SAT		7:45 AM 7:30 AM		0.50 0.50		8.00)		1.75 9.50	0.00 0.00		0.75 1.00	
SUN	09/24/17	,	0.00 1	0.50					0.00	0.00	No		
MON		7:30 AM		0.50		8.00			2.00	0.00			
TUE WED		7:30 AM 7:30 AM		0.50 0.50					2.00	0.00 0.00	Leave		
THU		7:30 AM		0.50					2.00	0.00		0.25	
FRI	09/29/17	7:30 AM		0.50	No	8.00			2.00	0.00	(0.50	
SAT	09/30/17			0.50		TOTALS: 80.00	<u> </u>		0.00 23.25			0.75 1.00	
I certify that the hours posted are accurate for the work performed. I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. Employee Signature			Shawn Hackett	z.				D-4- 00 00 0047			1	1.25 1.50 1.75	
Employee digitature			<u> </u>					Date 09-29-2017				1.75	
						6:00 AM 6:00 Pf	M Leave 0.25 0.50 0.75 1.00 1.25 1.50 1.75 2.00 2.25 2.50 2.75 3.00 3.25 3.50 3.75 4.00 4.25 4.50 4.75 5.00 5.25 5.50 5.75 6.00 6.25 6.50 6.75 7.00 7.25 7.50 7.75 8.00	Yes No	ND			2.25 2.50 2.75 3.00 3.25 3.50 3.75 4.00 4.25 4.50 4.75 5.00 5.25 5.50 6.75 6.00 6.25 6.50 6.75 7.00 7.25 7.50 7.75 8.00	
Employee Supervisor SignatureRouting:								Date					
* First Monday following end of pay period, employee signs and sends OT certification spreadsheet to time approving supervisor.													
* Time approving supervisor sign/approves OT certification spreadsheet and sends copy to employee and Time Keeper.													

* Employee emails pdf copy of approved OT certification spreadsheet to R6HarveyFSC@epa.gov within 5 business days.

FAN Allocation Time Converter									
Hours									
Worked in									
Quarter	FAN %	Hours		PeoplePlus					
Increments	Allocation	Allocated	Time	Entry					
4.75	60%	2.854166667	2:51	2.75					
	30%	1.427083333	1:25	1.5					
	10%	0.479166667	0:28	0.5					
Total	100%	4.760416667	4:45	4.75					